



Kentucky Invests in Developing Success

KIDS NOW Plus

Patient Referral Form

Referral Guidelines

1. To refer a potential pregnant patient or a patient no more than 60 days post-partum, please complete this form and return it, along with a copy of the release of information form and the substance use screening tool used (e.g., PN-2*, PT-1, ACH-94, ACH-282, H&P 13, H&P 14, HCV-2, etc.) to determine eligibility, to the designated KIDS NOW Plus mailbox/drop box within the Health Department/Medical Office. (*PN-2 Preferred)
2. The patient you refer will be contacted by a KIDS NOW Plus Prevention Specialist or Case Manager within 48-hours of receipt of Referral form.
3. Only one referral per pregnancy, per patient can be made. If a patient is referred by more than one medical provider, the first referral received will be the one accepted.

Patient Information

Patient Name: _____ Date of Referral: _____

Patient Address: _____ Preferred contact Method: _____ #: _____

_____ (Email/Text/Phone) Email: _____

Referral Information

Please circle patient's current status: **Pregnant** **Post Patrum**

Diagnosis Code: _____

Due Date/ Delivery Date: _____

Medicaid #: _____

YES / NO Does patient currently present with substance use RISK FACTORS during pregnancy?

YES / NO Does patient currently present with SUBSTANCE USE concerns during pregnancy?

Referring Doctor (Printed): _____

Signature: _____

Name of Referring Agency: _____

For KIDS NOW Plus Use Only

Date Received: _____ Contacted? _____

Prevention Class Appointment? _____ Case Management Appointment? _____